



WARWICKSHIRE COUNTY COUNCIL.

Education Committee.

ANNUAL REPORT

OF THE

Principal School Medical Officer,

FOR THE YEAR

1960.

Annual Report of the Principal School Medical Officer, 1960.

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

1. I have the honour to present the report on the health of the school child in Warwickshire during 1960.

In general the standard of health of the children in our schools remained at a high level, but certain defects, usually of a less serious nature, continued to be observed in some children. These are tabulated in detail in the statistical tables.

During the year, an experimental scheme was introduced to modify the routine medical examinations in one area of the County. In this area, examinations for entrants and leavers remained unchanged, but selective examinations replaced the routine intermediate examination.

Pulmonary and non-pulmonary tuberculosis cases in school children again decreased during the year, and it appears that this trend will continue. With the easing of the mass poliomyelitis programme, more time was available for the prophylactic B.C.G. vaccination against tuberculosis of those children approaching school-leaving age.

The slight increase in diphtheria cases in England and Wales during the past few years has been a salutary reminder of the continued presence of this disease, and emphasises the great importance of maintaining a high level of both primary and booster immunisations.

It will be noted from the Principal School Dental Officer's report that the staffing position is still so low that conservative and remedial treatment amongst school children is totally inadequate. The only solution to this problem appears to be in the introduction of long-term preventive measures.

2. School Population. (Tables 1 and 2).

At the beginning of the year, 91,683 children were on the school rolls, an increase of 2,578 on the previous year. The school population has now increased 50% over the last ten years. The increase of births and immigration into the County is likely to continue for some time.

3. School Medical Examinations. (Tables 3 and 4).

School Medical Officers carried out the following routine examinations during the year :—

	1960.	1959.
Entrants	7,888	8,313
Intermediate	6,577	5,930
Leavers	6,283	4,777
	20,748	19,020
8 Year Vision	4,495	5,158
Vision—Other ages	1,137	—
	26,380	24,178

The number of periodic medical examinations (especially in the “intermediate” and “leavers” groups) has been below the potential, and this has been due to the increasing school population and the vast extension of prophylactic immunisation and vaccination procedures.

The Chief Medical Officer of the Ministry of Education maintains, however, that “it is generally agreed that the entrants examination should continue on the same lines as at present. It is an important event, since it takes place just when the child is settling down into school life and it is generally well attended by parents”

The possibility of alternative arrangements for the intermediate examination is under review. In one area of the County during 1960, selective examinations took place instead of the routine intermediate examination, together with annual vision testing of children between eight and thirteen years. It is, however, too soon to report on the progress of this. Although it is not

considered that such procedures will reduce the overall time expended on medical examinations, it is expected that more adequate coverage should be possible for the " entrants " and " leavers " groups, and special cases.

4. Physical Condition of Pupils Examined.

The overall physical condition of those children examined at the periodic medical examinations remained at a high level, and only one or two in every hundred were regarded as being below standard.

5. Eye Defects. (Table 5).

During periods of more rapid development in a child's life, an increase is known to occur in the incidence of certain eye defects. A pilot scheme of annual vision testing of children between the ages of eight and thirteen years commenced in one area of the County during the year.

Less children requiring treatment for visual defects were noted at periodic medical examinations, but some increase occurred in those requiring observation. This increase was due in part to the extension of vision testing mentioned above.

Visual defects account for well over half the total defects found to require treatment at periodic medical examinations, whilst those requiring observation amount to just over a quarter of the total.

Some increase occurred in the number of new cases seen at County Eye Clinics during the year, 1909 compared with 1758 last year. A slight decrease, however, occurred in the number of old cases seen. Less children were prescribed spectacles and fewer were referred for orthoptic treatment.

6. Orthoptic. (Tables 5 and 6).

County Council clinics continued to operate in the Central and Southern Areas of the County, whilst other areas were covered by the Regional Hospital Board.

Slightly fewer cases were seen at the County Council Clinics during the year, 311 compared with 351 last year. Of the sixty-seven children discharged during the year, forty-four had full binocular vision restored, whilst the remaining twenty-three had some improvement.

7. Ear, Nose and Throat Defects. (Table 7).

Although more children were examined in the prescribed age-groups, less nose and throat defects were noted, 2,271 compared with 2,411 last year.

Operative treatment for adenoids and chronic tonsillitis continued to decrease in certain areas. The large decrease in the Eastern Area was, however, due to a shortage of hospital beds and tonsillectomies were suspended for six months of the year.

Ear defects totalled 745 compared with 641 in 1959, and 542 in 1958. The increase which has been taking place in the last few years has been limited to those children entering school, and is believed to be mainly due to the larger numbers of less serious or transient defects now being recorded for observation.

During the year it was agreed that in the event of an Audiometrician being appointed by the Regional Hospital Board, certain sessions would be made available to the County Council.

8. Orthopaedic Service.

All children with orthopaedic defects are referred to surgeons in attendance at Hospital Clinics, and County Physiotherapists are available for after care treatment. An equivalent of 2½ whole-time physiotherapists are employed by the County Council.

Although a large number of orthopaedic defects are noted at periodic medical inspections, a large proportion of them are more minor defects relating to posture and flat feet. Each year shows a decreasing number of the more serious orthopaedic defects.

9. Speech Therapy. (Table 8).

In May, 1960, a Senior Speech Therapist was appointed, bringing the total staff up to the equivalent of $4\frac{1}{2}$ full-time posts. The object of creating this post was to co-ordinate the work of the Speech Therapists. Following a survey carried out in July, 1960, it was found that, with a school population of 93,200 there were known to be 1,103 speech-defective children : of these 654 were having treatment in December, 1960. An additional full-time post has been created (taking effect from April 1st, 1961) to cope with the children still awaiting treatment.

The work of these therapists is limited largely to children of school-age, though under ideal circumstances, the younger a child is admitted the better. In a rural county like Warwickshire with widely scattered centres of population, it is not always possible to bring the children in to existing clinics. Instead, where the number of speech-handicapped children justifies it, the Speech Therapist visits the school and treats the children there. This has the additional advantage of bringing the therapist into closer contact with the school teacher, whose co-operation in treatment is invaluable.

The majority of children attending County Council clinics have defects of articulation ; these range from a single defective sound, usually " S," to a multiple defect where speech is sometimes unintelligible. Understandably, this condition occurs most commonly in children of limited intelligence or those with a partial hearing-loss, or an emotional problem. Treatment consists chiefly of, first, teaching the child to imitate the sound correctly, and then, gradually to introduce it into words and sentences, and finally into spontaneous speech. There is often an accompanying weakness in the muscles controlling the speech organs, so that lip and tongue exercises form part of the daily practice the mother is expected to give the child. Parent counselling forms an essential part of treatment, since one treatment period a week is obviously no more than a guide. If these cases are referred early enough, however, and there is good co-operation from the family, the defect usually clears up within a few months.

A comparatively small proportion of the children referred have a stammer. This may vary in severity from the slight hesitation of a young child acquiring speech to the worst form of stammering where there is an almost total lack of fluency, speech-rhythm is grossly disturbed and the child's school and home life are seriously disrupted. In such cases, if the response to speech therapy is poor, it is sometimes found advisable to enlist the advice of the Child Guidance team, since there is often an accompanying emotional problem. Relaxation naturally plays an important part in the treatment of stammering, since children with a language disorder of this kind are usually extremely tense. Parent counselling, an important factor in any form of speech therapy, is doubly important in these cases where the disorder is often largely environmental in origin.

A further fairly common defect is cleft palate, where the roof of the child's mouth has failed to fuse normally, and a complete or partial gap exists and may extend to the lip. No therapy is possible until this gap has been either partially or completely closed by surgery. When this has been done, the therapist works in close conjunction with the plastic surgeon until speech has reached as high a standard as the extent of the cleft allows. Treatment follows the lines of that used for ordinary defects of articulation but with the addition of breath direction and palatal exercises to strengthen the muscles controlling the palate and to counteract the ugly nasal tone caused by air escaping through the nostrils during speech.

Voice disorders, such as hoarseness, breathy tone or faulty pitch, are less common. They are treated by means of breathing and humming exercises and sometimes by referring the child for removal of tonsils and adenoids.

Disorders of hearing, when of a partial nature, also fall within the scope of the speech therapist (severe hearing losses coming within the scope of teachers of the deaf). The degree of improvement in these cases naturally depends on the severity of the loss, and (as in all speech defects) on the intelligence of the child : also, on the possibility of the child wearing a hearing aid, which may raise hearing almost to normal level. The speech of a hard-of-hearing child shows a characteristic monotony of tone and the omission of final sounds, and treatment is similar to that used in articulatory disorders : extra emphasis is placed on using visual aids, like lip-reading, to compensate for the auditory loss.

Where there are large numbers of children requiring speech therapy, group work is sometimes used, provided the children are of like mental age, and have similar defects: such groups are often successful in introducing a competitive element and so accelerating progress. This applies particularly to young stammerers where group treatment does away with the disturbing feeling of being "different" from other children.

Successful therapy depends on a number of factors including regular treatment, parental co-operation, a good relation with the school, and, where necessary, referral to other departments, such as dental, psychiatric or ear, nose and throat.

10. Child Guidance Clinics. (Table 9).

The number of children referred to these clinics during the year totalled 166 as against 156 last year and 170 in 1958. Twice as many boys as girls continued to be referred.

Many cases of emotionally upset children are helped by school medical officers in their day to day duties, but in cases where the maladjustment is severe, the services of a comprehensive child guidance service are essential, and an extension of this service is envisaged in the future. Mental ill-health accounts for a large proportion of the total sickness in our population today, and any preventive measures which can help to reduce these numbers in the future are of great importance.

11. Minor Ailment Clinics. (Tables 21 and 22).

The total number of children referred to Minor Ailment Clinics during the year again decreased slightly to 2899 compared with 3279 last year.

A slight increase was noted in the number of ringworm, scabies and impetigo cases, but other cases of skin disease decreased. The number of children with blepharitis, conjunctivitis and other minor eye conditions, and minor conditions of the nose and throat also showed a slight rise, but fewer cases were referred with minor conditions of the ears and other miscellaneous conditions.

12. The following Report was supplied by the Principal School Dental Officer. (Tables 10, 11 and 12).

The number of clinical sessions available has been higher for most of the year, and the number of patients inspected and treated has therefore shown a gratifying rise. As for many years past however the North Eastern area of the County continued to be poorly served, as whole-time officers could not be appointed to work in the area, and no part-time officers within reach of the area were available until almost the end of the year. The staffing situation in the County as a whole continues at a most inadequate level, and it is to be hoped that the recent national award may stimulate recruitment to the service.

A new clinic was opened at Lillington during the year, but as no additional dental officers were available, its staffing had to be at the expense of other clinics in the Central Area.

Provision of x-ray equipment in established clinics has continued, and a start has been made in the equipment of clinics with air turbine drills. Most of the existing clinics are now equipped to a satisfactory standard which it is hoped will be completed with x-ray machines and air turbines.

During the year, a survey into the dental caries incidence (similar to that undertaken last year in an urban area) was carried out in a rural area. The results were consistent in their severity and it seems that, contrary to popular theory, there is nowadays just as much dental decay amongst country children as amongst town children. Much of the deterioration in teeth seen since the last war finds its origin in the large increase in the amount of refined sugar being consumed by children in the form of sweets, chocolate, lollies, etc. An investigation carried out in Ayrshire demonstrated that out of 402 children, 225 consumed more than 8 ozs. of sweets or chocolate a week, and 66 of these consumed more than 1 lb. a week.

Refined sugars left undisturbed in the mouth very rapidly break down to acids which destroy the dental enamel and create cavities. As this process is effective in less than half an hour, the consumption of sweets between meals when there is little likelihood or opportunity of

brushing the teeth clean, is responsible for the rapid increase in dental decay. The destruction of the enamel is made easier in those areas such as Warwickshire, where the teeth are deficient in fluorine because of the very low level of naturally occurring fluorine in the drinking water supplies of the County.

A reduction in dental decay could be achieved by reducing the intake of refined sugars, increasing the degree of mouth hygiene and increasing the fluorine content of the teeth. This latter can successfully be brought about by raising the concentration of fluorine in the drinking water to an optimum level.

13. Poliomyelitis.

No child of school age contracted poliomyelitis during the year, but four cases were, however, notified in other age-groups, (two pre-school children and two young adults). Three of these cases had not been immunised. Following a year without a single notification, this was most disappointing and emphasises the need for as high an immunity level as possible both in children and young adults. The two-injection immunisation level in school children is now well over 80%, and the majority of these children have also completed their third injection.

14. Tuberculosis.

(a) Pulmonary. (Table 13).

It was again most encouraging to note the decrease which occurred in the number of new notifications of this disease in school children, only twelve cases being notified compared with twenty last year. The majority of these children were fortunately detected in the early stage of the disease, usually being picked up as contacts of adult cases.

B.C.G. vaccination for known contacts who are tuberculin negative continued to be given during the year, and 212 children of school age were vaccinated under this scheme. In addition, 3,493 children received vaccination under the schoolchildren scheme. Just over 7,000 schoolchildren were offered B.C.G. during 1960, and acceptances were received for about 75% of these children. Of the 4,772 children who were skin tested during the year just over one child in five was already positive, and of course B.C.G. was not necessary in these cases.

(b) Non-Pulmonary. (Table 14).

Non-pulmonary cases in schoolchildren also decreased during the year and only two cases were notified, compared with eight last year. One case was of the renal tract and the other of the meninges.

15. Louse Infestation. (Tables 19 and 20).

At the discretion of medical officers, schools found to be clean over a long period are now visited very infrequently. Pupils examined by school nurses during the year totalled 168,022 and 1,082 children were found with some degree of infestation. This number showed a very slight increase on last year when 939 children were found infested.

16. Health Education in Schools.

Health education in the schools was further developed during the year, with the co-operation of head teachers.

A wide range of subjects were covered including personal hygiene, motherhood classes for senior girls, talks by medical officers for senior boys, visits to Child Welfare Centres, Mothers' Clubs and Nursery Schools. Lectures on the association of smoking and lung cancer were given by medical officers and health visitors to senior members in certain schools, and posters and leaflets on the subject were also made available. In one area at normal terminal hygiene inspections, health visitors made a point of mentioning this subject when seeing the children, and any child noted as having nicotine-stained fingers was given special attention.

17. Deaths of School Children.

Forty-three children between the age of 5 and 14 years died during the year. It was most distressing to note the continued high rate from accidental deaths and malignant disease (including Leukaemia). These two causes accounted for 63% of the total.

	1960.		1959.		1958.	
Motor-vehicle accidents ...	12	} 19	7	} 14	11	} 17
Other Accidents ...	7		7		6	
Malignant Disease ...	6	} 8	3	} 6	5	} 7
Leukaemia and Aleukaemia	2		3		2	
Bronchitis and Pneumonia ...	4	...	3	...	3	...
Homicide ...	—	...	3	...	—	...
Congenital Malformation ...	3	...	2	...	1	...
Tuberculosis ...	—	...	—	...	1	...
Other Infective and Parasitic Diseases ...	2	...	1	...	2	...
Nephritis and Nephrosis ...	2	...	1	...	1	...
All Other Causes ...	5	...	6	...	5	...
	43	...	36	...	37	...

18. Handicapped Pupils. (Tables 15, 16, 17 and 18).

During the year, 186 boys and 101 girls were newly ascertained as handicapped pupils. The total number of children on the register at the end of the year remained at a similar level to last year, 1,572 compared with 1,566 in 1959.

Slightly fewer educationally sub-normal children came onto the register during 1960, but the numbers of partially deaf and partially sighted have shown a tendency to rise in recent years.

In general, provision for the handicapped pupil remained reasonably adequate except in the case of the educationally sub-normal child and those children with multiple handicaps.

S. W. SAVAGE, M.A., M.D. (Cantab.), D.P.H.,

Principal School Medical Officer.

Shire Hall,
Warwick.

STAFF OF THE SCHOOL HEALTH SERVICE

(As on 31st March, 1961).

Principal School Medical Officer ... Dr. S. W. SAVAGE.		Deputy Principal School Medical Officer ... Dr. G. H. TAYLOR.	
<i>Area.</i>		<i>Medical Officer.</i>	<i>School Medical Officers.</i>
1	Sutton Coldfield	Dr. J. R. PRESTON.	Dr. J. P. WALL.
2	North-Eastern.	Dr. G. DISON	Dr. GWENDOLEN K. G. COOTE. Dr. A. L. J. CUSACK. Dr. E. M. HUGHES. Dr. MARGARET STEANE. Dr. J. E. PEARSON.*
3	Eastern.	Dr. D. J. JONES.	Dr. A. H. HALSTEAD. Dr. G. W. H. FISHER.
4	North-Western.	Dr. R. S. McELROY.	Dr. G. C. B. HAWES. Dr. ELEANOR A. THOMPSON.
5	Solihull.	Dr. I. M. McLACHLAN.	Dr. J. HENDERSON. Dr. ELIZABETH M. THOMPSON.
6	Central.	Dr. F. D. M. LIVINGSTONE	Dr. C. T. JONES. Dr. MYRTLE V. RICHARDS. Dr. D. SUTCLIFFE WILLIAMS. Dr. J. BEASLEY.
7	Southern.	Dr. J. B. BRAMWELL.	Dr. W. D. DOLTON. Dr. A. L. KIRKLAND.

* Carries out regular routine work in other Areas.

Principal School Dental Officer.

Mr. H. J. BASTOW.

School Dental Officers.

Sutton Coldfield (Area 1)	...	Mr. N. G. EVANS
North-Eastern (Area 2)	...	—
Eastern (Area 3)	...	Mr. P. VIGANTS.
North-Western (Area 4)	...	Mr. W. DOUGLAS.
Solihull (Area 5)	...	Miss M. M. STOCKER.
Central (Area 6)	...	Mr. R. A. LEWTY.
Southern (Area 7)	...	Mr. S. C. C. JONES

There are in addition, a number of part-time Dental Officers.

Nursing Staff.

<i>Superintendent Nursing Officer.</i>	<i>Deputy Superintendent Nursing Officer.</i>
Miss B. SHENTON.	Miss V. E. BEESTON.

There are 7 Area Nursing Officers and 1 Deputy Area Nursing Officer (Area 6). School nursing is carried out by 1 whole-time school nurse, 88 health visitors, and 19 district nurse/midwife/health visitors who combine school nursing with other duties.

Senior Speech Therapist.
Miss M. P. FRANCIS.

Speech Therapists.
Mrs. P. A. HINKSMAN, Part-time.
Mrs. R. W. JENKINS, Part-time.
Mrs. J. N. P. KING-REYNOLDS, Part-time.
Mrs. M. P. MANLEY, Part-time.
Mrs. N. M. SMITS.

Physiotherapists.
Miss B. A. BAILEY.
Mrs. B. KINNIARD.
Mrs. E. G. MASON.
Mrs. C. M. WILLIAMS, Part-time (2 sessions weekly).

Statistical Officer.
Mrs. B. WARREN.

TABLE 1. NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY EACH YEAR.

Year.	Nursery.		Primary and Secondary.		Special.		Total.	

1950	...	373	...	60,682	...	84	...	61,139
1951	...	352	...	62,604	...	187	...	63,143
1952	...	361	...	65,753	...	508	...	66,622
1953	...	359	...	69,211	...	547	...	70,117
1954	...	365	...	72,094	...	592	...	73,051
1955	...	348	...	75,509	...	602	...	76,459
1956	...	353	...	78,827	...	615	...	79,795
1957	...	362	...	81,825	...	750	...	82,937
1958	...	367	...	84,684	...	780	...	85,831
1959	...	352	...	87,952	...	801	...	89,105
1960	...	346	...	90,526	...	811	...	91,683

TABLE 2. NUMBER OF SCHOOLS AND NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY, 1960.

AREA.	Nursery Schools.		Primary.		Secondary Modern.		Secondary Grammar.		Total Schools	Total Children
	Schools	Children	Schools	Children	Schools	Children	Schools	Children		
1. Sutton Coldfield.	—	—	18	5,736	5	2,193	3	1,852	26	9,781
2. North-Eastern.	5	216	58	12,385	12	7,407	3	1,251	78	21,259
3. Eastern.	—	—	46	6,883	12	3,528	2	1,020	60	11,431
4. North-Western.	—	—	45	7,181	8	2,881	1	423	54	10,485
5. Solihull.	—	—	30	7,482	7	3,506	3	1,717	40	12,705
6. Central.	3	130	69	10,071	9	4,237	3	1,310	84	15,748
7. Southern.	—	—	64	5,778	7	2,717	3	968	74	9,463
TOTALS ...	8	346	330	55,516	60	26,469	18	8,541	416	90,872

TABLE 3. NUMBER OF INDIVIDUAL CHILDREN FOUND TO
REQUIRE TREATMENT (excluding Special Schools) AT PERIODIC
MEDICAL EXAMINATIONS.

Age Group.	Number Examined.	Number Children found to require treatment.		
		For Defective Vision (Exc. Squint)	Other * Conditions.	Total.
Entrants	7,888	141	318	434
Second Age Group	6,577	263	187	444
Third Age Group	6,283	212	94	301
8 Year Vision	4,495	195	15	209
Vision—Other Ages	1,137	44	—	44
TOTAL	26,380	855	614	1,432

* Does not include dental diseases and infestations with vermin.

TABLE 4. TYPE OF DEFECT FOUND AT SCHOOL
MEDICAL EXAMINATIONS. (excluding Special Schools).

Defect	Periodic Medical Examinations. Number 26,380.		Special Medical Examinations. Number 4,498.	
	Defects requiring treatment.	Defects requiring observation.	Defects requiring treatment.	Defects requiring observation.
Eyes	888	3,290	198	481
Orthopaedic	156	2,199	43	346
Nose and Throat	129	2,142	30	316
Skin	53	524	10	75
Ears	29	716	9	121
Lungs	28	634	2	127
Speech	43	256	14	62
Developmental	55	534	13	94
Lymphatic Glands	8	475	3	79
Psychological	35	640	14	148
Nervous System	11	160	2	44
Heart	8	282	1	74
Abdomen	16	233	2	51
Other	25	454	11	132
TOTALS	1,484	12,539	352	2,150

TABLE 5.

OPHTHALMIC SERVICES.
OPHTHALMIC PART-TIME STAFF AND ATTENDANCES AT EYE CLINICS.

AREA.	OPHTHALMIC PART-TIME STAFF	No. of Sessions.		CLINIC.	WHEN HELD.		No. of individual children seen during 1960.		Total Attendances made by these children.	No. Prescribed Spectacles in 1960.		No. Referred for Orthoptic Treatment.	Total Cases on Register 31/12/60.
		1960	1959				New Cases.	Other.		New Cases.	Other.		
SUTTON COLDFIELD	Mr. A. N. CAMERON ... Dr. E. J. McCABE ... Dr. C. LONGMORE.	—	43	9, Holland St., Sutton Coldfield ...	Tuesday, p.m.	...	188	369	687	96	201	—	637
		45	47		Wednesday, a.m.	...							
NORTH-EASTERN	Dr. C. E. CLARKE ...	143	135	Health Clinic, Atherstone Health Clinic, Bedworth ... Riversley Park Clinic, Nuneaton Nurses' Home, Polesworth ...	Friday, p.m. (monthly)	...	38	118	164	26	61	6	161
					Monday, a.m. ...	...	99	301	431	48	153	24	335
					Thursday, a.m.	...	197	614	849	92	361	43	663
					Saturday, a.m.	...	27	72	110	20	47	6	89
					Friday, p.m. (monthly)	...							
					TOTAL ...	...	361	1,105	1,554	186	622	79	1,248
EASTERN	Mr. T. J. P. KERWICK ... Dr. H. RILEY	91	97	First Aid Post, Rugby ...	Wednesday, a.m.	...	269	739	1,008	143	231	34	1,175
		22	23		Friday, a.m. ...	...						
					Wednesday, p.m.	...							
					(1st and 3rd in month)	...							
NORTH-WESTERN	Dr. R. FRANCIS-JONES	142	206	Miners Welfare Hall, Arley Health Area Office, Coleshill Village Hall, Meriden ... Parish Hall, Wilnecote ...	Tuesday, a.m. (monthly)	...	15	44	84	10	22	—	63
					Tuesday, a.m., Wednesday, p.m. (monthly)	...	131	81	499	81	126	—	399
					Wednesday, a.m. (monthly)	...	11	39	55	8	17	—	48
					Tuesday, p.m.	...	31	269	397	14	127	—	252
					TOTAL ...	...	188	433	1,035	113	292	—	762
SOLIHULL	Dr. H. RILEY	68	57	Drury Lane Clinic, Solihull Halifax Rd. Clinic, Shirley	Friday, a.m. (as required)	...	196	399	741	38	152	6	509
					Friday, a.m. (as required)	...	88	201	385	12	62	4	272
					TOTAL ...	...	284	600	1,126	50	214	10	781
CENTRAL	Mr. E. L. HOWELL-JONES Mr. M. W. SMITH ...	20	22	4, Holly Walk, Leamington Spa ...	Monday, a.m. (1st, 2nd, 3rd in month)	...	240	760	1,003	188	309	67	1,296
		126	131		Tuesday, p.m. (2nd & 4th in month)	...	110	230	341	80	97	24	362
					Wednesday, a.m. (1st & 3rd in month)	...	45	129	175	38	53	11	224
					Wednesday, a.m.	...							
					Monday, a.m. (4th in month)	...							
					TOTAL ...	...	395	1,119	1,519	306	459	102	1,882
SOUTHERN	Mr. E. L. HOWELL-JONES Mr. M. W. SMITH ...	18	20	Alcester (Mobile Clinic) ... Health Clinic, Stratford-on-Avon Hospital, Stratford-on-Avon C. Infants School, Studley	Friday, a.m. (as required)	...	12	20	32	11	6	1	43
		44	38		Friday, a.m.	...	193	391	584	136	185	37	661
					Saturday, a.m. (1st & 3rd in month)	...	19	13	32	15	5	4	—
					Discontinued July, 1960	...							
					TOTAL ...	...	224	424	648	162	196	42	704
					GRAND TOTAL ...	...	1,909	4,789	7,577	1,056	2,215	267	7,189
		761			1959 TOTAL ...	...	1,758	4,843	7,355	1,064	2,325	316	7,361
			819										

ABLE 6.

ORTHOPTIC TREATMENT IN THE CENTRAL AND SOUTHERN AREAS.

	Number of children seen during 1960.	Total Attendances made by these children.	Degree of Cure on Discharge.		No. Ceasing to attend or Unsuitable.	No. still on treatment 31st Dec., 1960.
			Full Binocular Vision	Partial Binocular Vision or Cosmetic Improvement.		
Cases carried over from 1959 ...	180	1,042	36	18	36	90
Cases Referred in 1960 ...	131	522	8	5	62	56
TOTAL ...	311	1,564	44	23	98	146

TABLE 7.

NUMBER OF CHILDREN WHO RECEIVED OPERATIVE TREATMENT FOR ADENOIDS AND CHRONIC TONSILLITIS (excluding Special Schools).

Area.	1956		1957*		1958		1959		1960	
	No.	Rate per 1,000 on roll.	No.	Rate per 1,000 on roll.	No.	Rate per 1,000 on roll.	No.	Rate per 1,000 on roll.	No.	Rate per 1,000 on roll.
Sutton Coldfield ...	333	45.0	256	32.5	333	39.3	220	24.2	278	28.4
North-Eastern ...	417	20.3	108	5.2	360	17.2	388	18.2	338	15.9
Eastern ...	212	20.2	75	6.9	195	18.0	278	24.8	63†	5.5
North-Western ...	122	14.7	95	10.7	97	10.3	118	12.0	137	13.1
Solihull ...	175	16.3	207	18.4	432	37.0	353	28.9	254	20.0
Central ...	415	29.9	229	16.0	321	21.9	479	31.3	456	29.0
Southern ...	183	22.8	90	10.6	86	9.7	160	17.3	180	19.0
TOTAL ...	1,857	23.4	1,060	12.9	1,824	21.5	1,996	22.6	1,706	18.8

* Tonsillectomies suspended for part of year owing to poliomyelitis epidemic.

† Owing to shortage of Hospital beds in this area, tonsillectomies were suspended for six months of the year.

ORTHOPAEDIC SERVICE.
HOSPITAL CLINICS.

<i>Area.</i>	<i>Address of Clinic.</i>	<i>When held.</i>	<i>Surgeon.</i>	<i>Physiotherapists.</i>
1 SUTTON COLDFIELD.	Sutton Coldfield Hospital.	Monday, p.m.	Mr. J. F. SHEPHERD.	R.H.B.
2 NORTH- EASTERN.	Riversley Park Clinic, Nuneaton. Manor Hospital, Nuneaton. Exhall Grange School Clinic.	Friday, p.m. (last in month). Tuesday and Thursday, p.m. By arrangement.	Mr. J. H. PENROSE. Mr. T. SERGEANT. Mr. J. H. PENROSE.	Sisters from Coleshill Orthopaedic Hospital. R.H.B. Mrs. B. KINNAIRD.
3 EASTERN.	Hospital of St. Cross, Rugby.	Monday, a.m.	Mr. ROWAN MITCHELL.	R.H.B.
4 NORTH- WESTERN.	Orthopaedic Hospital, Coleshill. College Lane School Rooms, Tamworth.	Monday (once every 3 months). Tuesday, a.m. (last in month).	Mr. F. G. ALLAN. Mr. A. INNES.	Sisters from Coleshill Orthopaedic Hospital. " "
5 SOLIHULL.	Solihull Hospital. Red Cross House, Blossomfield Road, Solihull. Tudor Grange School Clinic.	Wednesday, p.m. Friday, a.m. (monthly) Friday, p.m. (alt. months)	} Mr. W. H. SCRASE.	R.H.B. Miss B. A. BAILEY.
6 CENTRAL.	Warwick Hospital.	Friday, p.m. (2nd and 4th in month).		Mrs. E. G. MASON. Miss B. A. BAILEY.
7 SOUTHERN.	The Hospital, Stratford-upon-Avon.	Thursday, a.m. (1st and 3rd in month). Friday, a.m. (2nd and 4th in month).	Mr. F. G. ALLAN. Mr. E. J. GALLAGHER.	Sisters from Coleshill Orthopaedic Hospital.
BIRMINGHAM.	Royal Orthopaedic Hospital, 80, Broad Street, Birmingham.	Daily.	Various.	R.H.B.
COVENTRY.	55, Holyhead Road, Coventry.	Monday, p.m. Thursday, p.m.	Mr. J. H. PENROSE. Mr. A. J. WATSON.	R.H.B.
REDDITCH.	Smallwood Hospital, Redditch.	Monday, p.m. (2nd in month).	Mr. W. H. SCRASE.	R.H.B.

All surgeons are employed by the Regional Hospital Board.

ORTHOPAEDIC SERVICE.

AFTER CARE CLINICS.

<i>Area.</i>	<i>Clinic.</i>	<i>When held.</i>	<i>Physiotherapists.</i>
1	49, Holland Street, Sutton Coldfield.	Tuesday p.m. Thursday p.m.	Mrs. C. M. WILLIAMS.
2	Atherstone Health Clinic. Riversley Park Clinic, Nuneaton.	Tuesday p.m. Monday a.m. Tuesday p.m. Friday p.m.	Sisters from Coleshill Orthopaedic Hos- pital. ditto.
5	Red Cross House, Blossomfield Road, Solihull.	Tuesday p.m. Thursday a.m.	Miss B. A. BAILEY.
6	Kenilworth Health Clinic. 4, Holly Walk, Leamington Spa. Southam Child Welfare Clinic. Warwick Hospital.	Monday p.m. Tuesday a.m. Wednesday a.m. (1st & 3rd) Friday a.m.	Mrs. E. G. MASON. Mrs. E. G. MASON. Mrs. E. G. MASON. Mrs. E. G. MASON.
7	Stratford Health Clinic.	Thursday a.m.	Sisters from Coles- hill Orthopaedic Hospital.

**SPEECH THERAPY.
CLINICS.**

<i>Area.</i>	<i>Clinic.</i>	<i>Address.</i>	<i>When held.</i>
1. Sutton Coldfield	Sutton Coldfield	Boldmere Rd. Clinic 49, Holland Street Walmley—Branch Library Falcon Lodge Health Clinic	Tuesday 9-30 a.m.—12 noon. Wednesday 1-30 p.m.—4-30 p.m. Thursday 1-30 p.m.—4 p.m. Monday 9-30 a.m.—12 noon. 1-30 p.m.—4 p.m.
2. North-Eastern	Atherstone Bedworth Nuneaton	Health Clinic Health Clinic Riversley Park	Monday 1-30 p.m.—4-30 p.m. Monday 9-30 a.m.—12-30 p.m. Wednesday 9-30 a.m.—12-30 p.m. 1-30 p.m.—4-30 p.m.
	Exhall	Exhall Grange Special School	Tuesday and Friday 9-45 a.m.—12-45 p.m. 1-45 p.m.—4-45 p.m. Wednesday 1-45 p.m.—4-45 p.m.
		Wheelwright Lane J. School	Friday 9-30 a.m.—12 noon.
	Nuneaton	Keresley Newlands Red Deeps Special School	Tuesday 1-15 p.m.—4 p.m. Tuesday 9-30 a.m.—12-30 p.m.
	Polesworth	Nurses Home	Monday 1-30 p.m.—4-15 p.m.
3. Eastern	Rugby	F.A.P., Temple Street	Tuesday, 9-30 a.m.—12 noon. Thursday 9-30 a.m.—12-30 p.m.
	Rugby	Tyntesfield Special School	1-45 p.m.—4-45 p.m. Friday 1-30 p.m.—4 p.m.
4. North-Western	Coleshill	Health Clinic	Monday 9-0 a.m.—12 noon.
	Kingshurst	Various Schools	Monday 1-0 p.m.—4 p.m.
	Wilnecote	Various Schools	Tuesday 9-30 a.m.—12 noon. 1-15 p.m.—4-45 p.m.
5. Solihull	Olton	Chapel Fields Infant School	Wednesday 9-0 a.m.—12 noon.
	Shirley	Health Clinic Halifax Road	Thursday 9-30 a.m.—12-30 p.m.
	Solihull	Health Clinic Drury Lane	Friday 9-30 a.m.—12-30 p.m. 1-45 p.m.—5-15 p.m.
	Packwood	Special E.S.N. School	Thursday 9-30 a.m.—12 noon.
	Tudor Grange	Tudor Grange Special School	Monday 9-30 a.m.—12 noon. 1-30 p.m.—4-0 p.m. Wednesday 9-30 a.m.—12 noon.
6. Central	Leamington	4, Holly Walk, Leamington Spa	Monday 9-30 a.m.—12-30p.m. 1-30 p.m.—4-30 p.m. Wednesday 9-30 a.m.—12-30 p.m.
	Kenilworth	Health Clinic	Wednesday 9-30 a.m.—12-30 p.m.
	Warwick	F.A.P., Lakin Road	Monday 9-30 a.m.—12-30p.m.
	Southam	High School	Friday 9 a.m.—12 noon. Friday 1-15 p.m.—4 p.m.
7. Southern	Stratford-on-Avon	Health Clinic	Thursday 9-30 a.m.—12-30 p.m.
			Friday 9-30 a.m.—12-30 p.m. 1-30 p.m.—4 p.m.
	Studley	County Infants' School	Thursday 1-30 p.m.—4-30 p.m.
	Henley-in-Arden	River House Special School	Thursday 2 p.m.—5 p.m.

TABLE 8. NUMBER OF CHILDREN ATTENDING SPEECH THERAPY CLINICS.

	AREAS							<i>Special Schools.</i>	1960 <i>Totals.</i>	1959 <i>Totals.</i>
	<i>Sutton Coldfld.</i>	<i>North- Eastern</i>	<i>Eastern</i>	<i>North- Western</i>	<i>Solihull</i>	<i>Central</i>	<i>South- ern</i>			
No. of sessions ...	197	135	113	108	160	288	179	413	1,593	1,532
Number of children attending at 1st January, 1960 ...	56	38	20	66	47	72	42	84	425	454
Number of first attendances in 1960 ...	50	54	14	41	46	86	71	23	385	396
Number of children recalled during 1960 after having been stood down in a previous year ...	10	35	23	12	20	55	50	4	209	117
Total number of children treated during 1960 ...	116	127	57	119	113	213	163	111	1,019	967
Total attendances ...	1,357	1,197	744	918	1,177	1,826	1,369	2,610	11,198	9,775
Number discharged in 1960 :—										
(a) Treatment completed ...	28	35	18	22	44	39	21	8	215	193
(b) Ceased attending	6	9	8	4	6	16	29	14	92	126
Number placed under review ...	29	28	35	3	26	53	16	23	213	184

TABLE 9. **CHILD GUIDANCE.**
Number of New Cases referred to Clinics.

<i>Reason for Referral.</i>	1960			<i>Total</i> 1959.
	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	
Nervous disorders ...	9	12	21	31
Habit disorders and physical symptoms ...	28	9	37	35
Behaviour disorders ...	44	10	54	53
Education difficulties ...	21	18	39	28
Unclassified ...	11	4	15	9
TOTAL ...	113	53	166	156

Nervous Disorders.

Fears and anxiety
Solitary
Excitability
Obsessional
Depression
Physical and social misfit

Habit disorders and physical symptoms.

Sleeplessness, nightmares, etc.
Excretory disorders
Speech defects
Nervous pains, defective vision, asthma, etc.
Movement, tic, thumb sucking
Hysteria

Behaviour Disorders.

Unmanageable
Stealing, housebreaking
Tempers, screaming
Aggressive, destructive, etc.
Sex difficulty
Breach of Recognisance
Jealousy
Irritable, stubborn
Assault
Attention getting

Educational and Vocational Difficulties.

Backwardness
Reading difficulty
Refusal to go to school
Lack of concentration

The cases shown in the Table were distributed among the clinics as follows :
Nuneaton, Riversley Park, 34 ; Coventry and Warwickshire Hospital, 4 ; Warneford Hospital,
Leamington Spa, 32 ; Drury Lane, Solihull, 33 ; Hospital of St. Cross, Rugby, 32 ; Boldmere
Clinic, Sutton Coldfield, 18 ; Other, 13.

TABLE 10. **SCHOOL DENTAL SERVICE.**
STAFF AND CLINICS.
At 31st December, 1960.

<i>Area.</i>	<i>Clinics.</i>		<i>Dental Officers.</i>		<i>Available</i> <i>sessions</i> <i>per week.</i>
	<i>Fixed.</i>	<i>Mobile.</i>	<i>Whole-</i> <i>time.</i>	<i>Part-</i> <i>time.</i>	
Sutton Coldfield ...	3	—	1	1	14
North-Eastern ...	5	1	—	4	12
Eastern ...	2*	1	1	3	21
North-Western ...	1	1	1	—	13†
Solihull ...	2	1	1	6	27
Central ...	3	1	2	2	26†
Southern ...	1	2	1	2	23
TOTAL ...	17	7	7	18	136
Clinic Sessions worked by Principal School Dental Officer ...	—	—	—	—	6

* In same building.

† One whole-time officer
working in two areas.

TABLE 11.

SCHOOL DENTAL SERVICE.

Area.	TOTAL SESSIONS.		ROUTINE CASES.				Emer- gency cases for which treatment was completed.	Total attend- ances made for treatment.
	Inspection.	Treatment.	Inspected.	Found to require treatment.	Referred for treatment.	Cases for which treatment completed.		
Sutton Coldfield	15	671	930	736	550	389	1,230	3,655
North-Eastern ...	17	829	1,938	1,427	1,081	649	1,145	4,483
Eastern ...	13	859	1,103	895	807	395	1,143	4,870
North-Western ...	27	498	1,282	1,070	872	724	94	2,329
Solihull ...	20	986	2,171	1,583	1,542	616	1,132	6,525
Central ...	34	789	2,422	1,710	1,436	787	606	4,589
Southern ...	78	856	6,367	4,163	3,793	1,690	142	3,943
COUNTY TOTAL 1960 ...	204	5,488	16,213	11,584	10,081	5,250	5,492	30,394
COUNTY TOTAL, 1959 ...	191	4,939	13,938	10,598	8,242	4,205	5,324	28,483

TABLE 12.

DENTAL TREATMENT GIVEN.

Type.	Routine cases.		Emergency cases.	
	Number.	No. per 100 cases for which treat- ment was completed.	Number.	No. per 100 cases for which treat- ment was completed.
Permanent teeth.				
Extractions ...	1,684	32	3,621	66
Fillings ...	10,728	204	8,623	157
Other operations ...	2,180	42	4,554	83
Total ...	14,592	278	16,798	306
Temporary Teeth.				
Extractions ...	4,941	94	5,304	97
Fillings ...	2,752	52	2,093	38
Other operations ...	1,996	38	1,258	23
Total ...	9,689	184	8,655	158
Appliances.				
Dentures ...	29	0.6	124	2
Orthodontics ...	185	4	—	—
General Anaesthetics ...	1,697	32	3,903	71

**TABLE 13. PULMONARY TUBERCULOSIS NOTIFICATIONS BY SEX
AND STAGE OF DISEASE IN CHILDREN AGED 5-14
DURING 1960.**

(1959 figures in brackets).

Area.	Primary Notifications.						Other Notifications. (transfers into County or noti- fication at death).
	M.	F.	Total.	Stage of Disease,			
				Early.	Inter- mediate.	Late.	
Sutton Coldfield	— (2)	— (1)	— (3)	— (2)	— (1)	— (—)	1 (3)
North-Eastern	2 (1)	— (1)	2 (2)	2 (2)	— (—)	— (—)	— (—)
Eastern ...	2 (1)	1 (2)	3 (3)	1 (2)	2 (1)	— (—)	— (1)
North-Western	— (—)	3 (1)	3 (1)	3 (1)	— (—)	— (—)	— (1)
Solihull ...	1 (1)	— (—)	1 (1)	1 (1)	— (—)	— (—)	1 (1)
Central ...	— (6)	2 (3)	2 (9)	2 (9)	— (—)	— (—)	— (—)
Southern ...	— (—)	1 (1)	1 (1)	1 (—)	— (1)	— (—)	— (1)
Total ...	5 (11)	7 (9)	12 (20)	10 (17)	2 (3)	— (—)	2 (7)

**TABLE 14. NON-PULMONARY TUBERCULOSIS NOTIFICATIONS IN
CHILDREN AGED 5-14 DURING 1960.**

(1959 figures in brackets).

Area.				Primary Notifications.			Other Notifications. (transfers into County or noti- fications at death).
				M	F	Total	
Sutton Coldfield	...	...	...	— (1)	— (—)	— (1)	— (—)
North-Eastern	...	...	...	1 (—)	1 (1)	2 (1)	— (—)
Eastern	...	...	...	— (—)	— (—)	— (—)	— (1)
North-Western	...	...	...	— (1)	— (2)	— (3)	— (—)
Solihull	...	...	...	— (—)	— (—)	— (—)	— (—)
Central	...	...	...	— (—)	— (—)	— (—)	— (—)
Southern	...	...	...	— (—)	— (3)	— (3)	— (—)
Total	...	...	...	1 (2)	1 (6)	2 (8)	— (1)

TABLE 15.

HANDICAPPED PUPILS, 1960.

	Year of Ascertainment.			DISPOSAL.											
				RECOMMENDED SPECIAL SCHOOL.						Under Investigation or on general waiting list.					
	Before 1960	During 1960		IN SPECIAL SCHOOL, 31/12/60.		Parents refuse Consent.		On waiting list for particular school.		Recommend- ed special class in ordinary school.		Home Tuition.		Under REVIEW.	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
A. Blind ...	6	6	1	—	5	6	—	—	1	1	—	—	—	—	—
B. Partially Sighted ...	42	14	10	1	6	8	1	10	2	5	—	—	2	10	—
C. Deaf ...	21	15	—	1	15	21	—	—	—	—	—	1	—	—	—
D. Partially Deaf ...	27	20	15	7	14	25	—	3	2	2	—	1	9	10	—
E. Educationally Sub-Normal ...	443	259	102	43	39	99	29	80	24	55	29	5	38	41	4
F. Epileptic ...	20	10	3	6	4	10	—	—	—	—	—	1	11	11	—
G. Maladjusted ...	42	8	12	—	1	3	—	4	—	4	1	—	5	11	1
H. Physically Handicapped	110	113	26	27	20	25	2	7	3	4	2	10	7	53	12
I. Speech Defects ...	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—
J. Delicate ...	78	49	17	16	16	22	2	5	2	1	3	—	43	63	—
TOTALS ...	790	495	186	101	120	220	34	109	34	72	36	16	15	199	17

TABLE 16. NUMBER OF HANDICAPPED PUPILS IN EACH AREA
at 31st December, 1960.

Area.	Sutton Coldfield.	North-Eastern.	Eastern.	North-Western.	Solihull.	Central.	Southern.	All Areas. 1960	All Areas 1959	All Areas 1958
Number of school children (excluding nursery school children.)	9,781	21,259	11,431	10,485	12,705	15,748	9,463	90,872	87,952	84,684
CATEGORY.	1960	Total	1960	Total	1960	Total	1960	Total	1960	Total
Blind ...	—	1	—	2	—	3	—	1	12	8
Partially Sighted ...	—	2	2	20	6	14	1	11	59	50
Deaf ...	—	6	—	7	4	7	—	1	44	45
Partially Deaf ...	—	5	10	20	3	14	3	22	53	46
Educationally Sub-normal ...	1	37	43	304	19	113	13	145	847	800
Epileptic ...	—	2	8	16	—	8	—	9	34	29
Maladjusted ...	1	4	—	6	1	8	—	12	62	79
Physically Handicapped	4	25	23	78	5	32	3	53	276	260
Speech ...	—	1	—	—	—	—	—	—	2	2
Delicate ...	1	16	23	70	4	24	1	33	148	123
TOTAL	7	99	110	523	34	209	21	287	1566	1442
Recorded as Ineducable under Education Act Section 57 (3). ...	2	24	7	80	4	42	6	40	309	340

TABLE 17.

WARWICKSHIRE SPECIAL SCHOOLS.

School.	Type.	Residential Accommodation.	Age Range.	On roll Christmas Term, 1960.		
				Warwickshire children.		Children from other Authorities.
				Day	Res.	Res.
Tudor Grange	Physically handicapped Mixed ...	40	5—11	10	20	20
Exhall Grange	(a) Physically Handicapped Mixed ...	300	(a) Seniors	—	15	29
	(b) Partially Sighted Mixed ...		(b) All ages	—	22	217
River House	Maladjusted Boys ...	45	8—16	2	26	15
Nuneaton, Red Deeps	Educationally Subnormal Mixed Day ...	—	8—16	150	—	—
Packwood	Educationally Subnormal Boys ...	60	10—16	—	59	1
Tyntesfield	Educationally Subnormal Girls Res. and Day ...	40	9—16	16	38	1
Warwick Priory	Educationally Subnormal Mixed Day ...	—	9—16	80	—	—
	TOTAL ...	485	—	258	180	283

TABLE 18.

ANALYSIS OF PHYSICALLY HANDICAPPED CHILDREN
IN TUDOR GRANGE AND EXHALL GRANGE SPECIAL SCHOOLS

(These figures include Children from other Authorities).

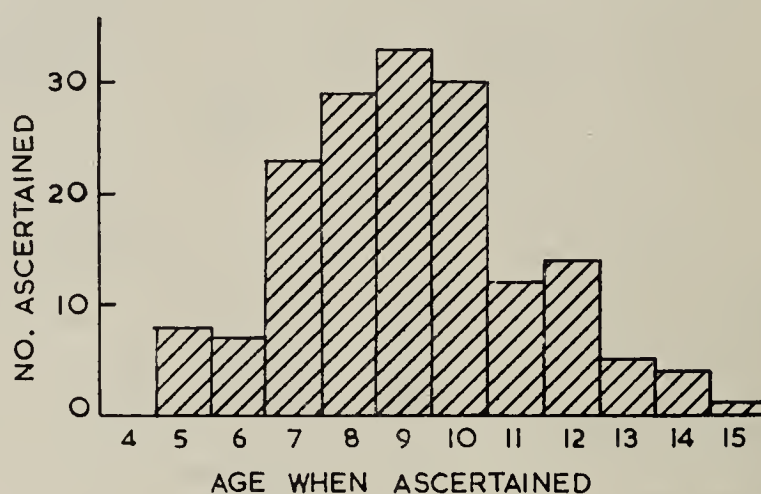
Christmas Term 1960.

(1959 figures in brackets).

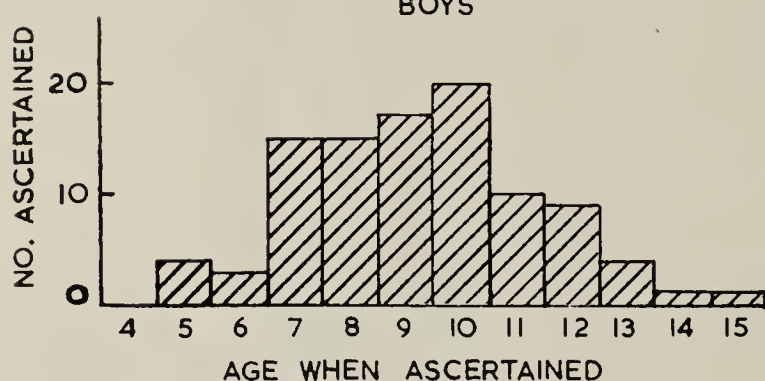
	Tudor Grange.			Exhall Grange.		
	M	F	Total.	M	F	Total.
Bronchiectatic conditions and asthma	2 (2)	— (—)	2 (2)	1 (1)	— (—)	1 (1)
Heart conditions ...	2 (1)	2 (1)	4 (2)	— (2)	— (—)	— (2)
Post Poliomyelitis ...	3 (3)	1 (—)	4 (3)	5 (5)	4 (6)	9 (11)
Spastic and similar conditions ...	25 (27)	10 (8)	35 (35)	16 (15)	8 (7)	24 (22)
Tuberculous joints and bone infections	— (1)	— (1)	— (2)	1 (2)	1 (1)	2 (3)
Other conditions ...	4 (5)	1 (1)	5 (6)	6 (9)	2 (1)	8 (10)
TOTALS ...	36 (39)	14 (11)	50 (50)	29 (34)	15 (15)	44 (49)

AGE DISTRIBUTION OF EDUCATIONALLY SUB NORMAL CHILDREN ASCERTAINED IN 1959 & 1960

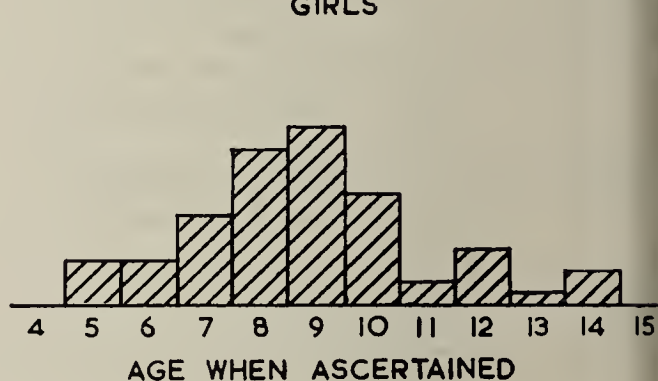
1959
TOTAL



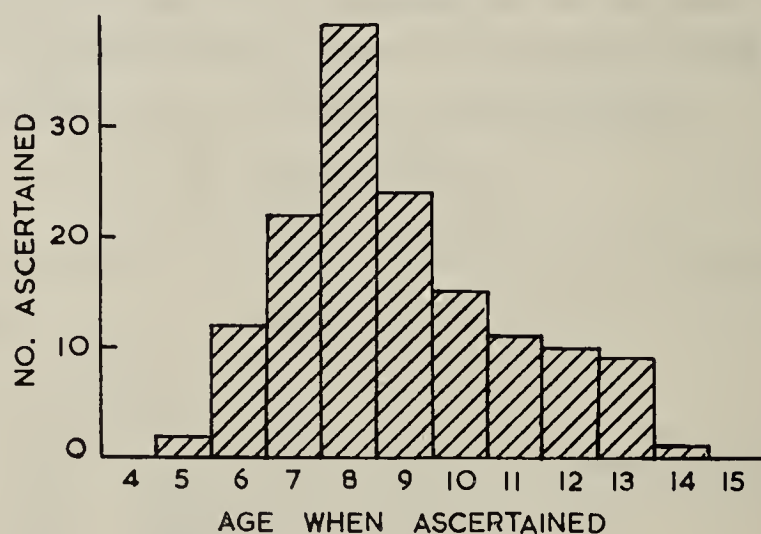
BOYS



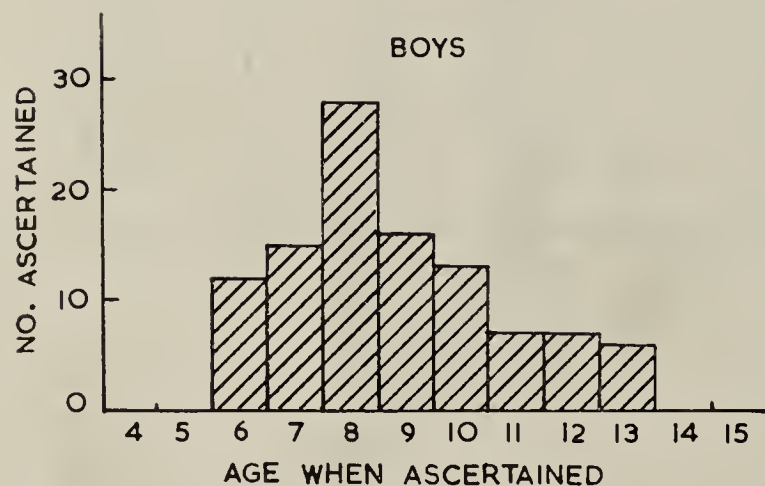
GIRLS



1960
TOTAL



BOYS



GIRLS

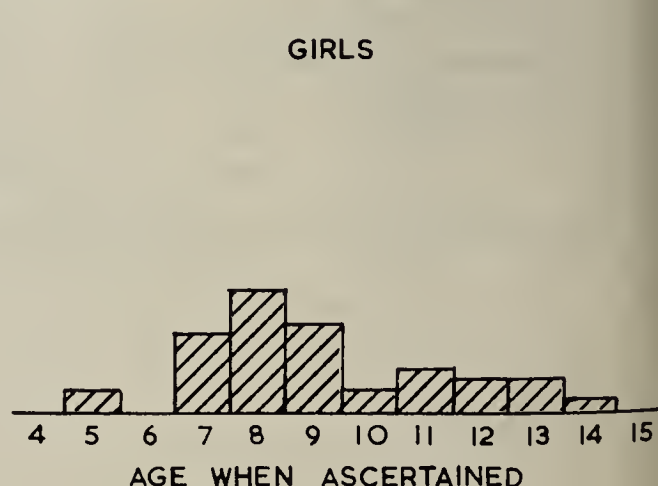


TABLE 19.

LOUSE INFESTATION.

BOYS.

Area.	Average % of boys infested at an examination 1960. (1959 figures in brackets).			Total.
	0%	Over 0% to 5%	Over 5%	
	No. of schools.	No. of schools.	No. of schools.	No. of schools.
SUTTON COLDFIELD	21 (19)	3 (3)	— (—)	24 (22)
NORTH-EASTERN	37 (28)	36 (45)	2 (—)	75 (73)
EASTERN	48 (41)	5 (12)	— (—)	53 (53)
NORTH-WESTERN	41 (43)	9 (8)	— (1)	50 (52)
SOLIHULL	33 (36)	4 (2)	— (—)	37 (38)
CENTRAL	63 (76)	19 (10)	— (—)	82 (86)
SOUTHERN	54 (58)	17 (14)	— (—)	71 (72)
TOTAL ...	297 (301)	93 (94)	2 (1)	392 (396)
Average number of boys on school roll :				
Under 50	122 (133)	25 (16)	1 (1)	148 (150)
50 to 100	50 (51)	24 (23)	1 (—)	75 (74)
Over 100	125 (117)	44 (55)	— (—)	169 (172)

TABLE 20.

LOUSE INFESTATION.

GIRLS.

Area.	Average % of girls infested at an examination 1960. (1959 figures in brackets).			Total.
	0%	Over 0% to 5%	Over 5%	
	No. of schools.	No. of schools.	No. of schools.	No. of schools.
SUTTON COLDFIELD	11 (15)	12 (7)	— (—)	23 (22)
NORTH-EASTERN	19 (13)	46 (50)	11 (10)	76 (73)
EASTERN	32 (30)	21 (22)	— (—)	53 (52)
NORTH-WESTERN	32 (32)	16 (19)	2 (2)	50 (53)
SOLIHULL	26 (30)	12 (8)	— (—)	38 (38)
CENTRAL	44 (55)	34 (29)	6 (3)	84 (87)
SOUTHERN	46 (46)	23 (25)	2 (—)	71 (71)
TOTAL ...	210 (221)	164 (160)	21 (15)	395 (396)
Average number of girls on school roll :				
Under 50	110 (116)	30 (26)	8 (7)	148 (149)
50 to 100	32 (31)	42 (44)	10 (4)	84 (79)
Over 100	68 (74)	92 (90)	3 (4)	163 (168)

At the discretion of Medical Officers, schools found to be clean over a long period are visited very infrequently.

TABLE 21. NUMBER OF ATTENDANCES AT MINOR AILMENTS CLINICS.

Area.	Clinic.	When held.	Sessions.	Attendances.		
				First.	Subse- quent.	Total.
2	Health Clinic, Atherstone ...	Wednesday, a.m. ...	12	23	10	33
	Health Clinic, Bedworth ...	Monday, a.m. } ...	60	67	41	108
		Thursday, a.m. }				
	Riversley Park Clinic, Nuneaton	Mondays to Fridays, a.m. ...	223	913	2,117	3,030
	Health Clinic, Stockingford ...	Mondays to Fridays, a.m. ...	215	1,173	1,444	2,617
	Nurses House, Polesworth ...	Thursday, a.m. (1st and 3rd in month)... ...	7	8	6	14
	Newlands School, Keresley ...	Friday, a.m. (alt. wks.) ...	15	30	9	39
	Nurses House, Hartshill ...	Monday to Friday, a.m. ...	40	104	70	174
		Total ...	572	2,318	3,697	6,015
3	First Aid Post, Rugby ...	Monday, a.m. }	98	133	1,146	1,279
		Thursday, p.m. }				
4	Miners Welfare Hall, Arley ...	Monday, a.m. ...	7	13	1	14
	Area Health Office, Coleshill...	Monday, a.m. (2nd in month)	9	68	4	72
	Parish Hall, Wilnecote ...	Thursday, a.m. ...	32	78	57	135
		Total ...	48	159	62	221
5	Halifax Road Clinic, Shirley ...	Wednesday, a.m. (3rd in month) ...	12	84	22	106
	Drury Lane Clinic, Solihull ...	Saturday, a.m. (1st and 3rd in month) ...	19	108	9	117
		Total ...	31	192	31	223
6	4, Holly Walk, Leamington Spa	Daily, a.m. ...	301	77	34	111
7	Health Clinic, Stratford-on-Avon ...	Monday, a.m. ...	49	20	14	34
		GRAND TOTALS ...	1,099	2,899	4,984	7,883
		GRAND TOTALS FOR 1959 ...	1,093	3,274	6,343	9,617

TABLE 22. MINOR AILMENTS CLINICS.

Type of Defect.	First Attendances.	Subsequent Attendances.	Total 1960.	Total 1959.
Skin.				
Ringworm—Scalp	2	—	2	1
Body	7	2	9	18
Scabies	18	24	42	12
Impetigo	51	230	281	209
Other Skin Diseases	836	2,524	3,360	5,057
Total	914	2,780	3,694	5,297
Eye.				
Blepharitis	28	37	65	80
Conjunctivitis	88	159	247	175
Other Minor Eye Conditions ...	196	124	320	319
Total	312	320	632	574
Ear.				
Miscellaneous Minor Ear Conditions	75	51	126	232
Nose and Throat.				
Miscellaneous Minor Nose and Throat Conditions	157	72	229	152
Other Minor Ailments	1,441	1,761	3,202	3,362
TOTAL	2,899	4,984	7,883	9,617

TABLE 23. SCABIES—NUMBER OF ATTENDANCES AT TREATMENT CENTRES.

The demand for treatment is now small and these centres are only open on request.

TREATMENT CENTRE.	FIRST ATTENDANCE.			Subse- quent Attend- ances.	Total Treat- ments.
	Adults.	School Children.	Pre-school children.		
BEDWORTH	1	3	3	7	14
LEAMINGTON SPA	—	—	—	—	—
TOTALS	1	3	3	7	14
Totals for 1959	—	—	—	—	—
Totals for 1958	4	6	3	13	26

TABLE 24. CHILDREN AND YOUNG PERSONS ACT, 1933.

NO. OF CHILDREN EXAMINED UNDER EMPLOYMENT OF
CHILDREN BYELAWS.

<i>Area.</i>	<i>Number of Children examined.</i>	<i>Number granted certificates.</i>	<i>Number refused certificates.</i>
Sutton Coldfield ...	206	205	1
North-Eastern ...	338	337	1
Eastern ...	103	103	—
North-Western ...	103	103	—
Solihull ...	106	106	—
Central ...	266	266	—
Southern ...	188	188	—
Total 1960 ...	1,310	1,308	2
Total 1959 ...	1,261	1,260	1
Total 1958 ...	1,090	1,085	5
Total 1957 ...	1,250	1,249	1
Total 1956 ...	965	964	1

SCHOOL MEALS SERVICE.

Information provided by the Education Department.

The average number of meals provided daily in the schools in 1960 was 49,012. Comparison with previous years is given below :—

<i>Year.</i>	<i>Average no. of meals pro- vided daily in schools.</i>
1951 ...	26,832
1952 ...	29,386
1953 ...	28,138
1954 ...	30,543
1955 ...	34,347
1956 ...	35,852
1957 ...	35,793
1958 ...	41,361
1959 ...	44,399
1960 ...	49,012

The figure for 1960 represents approximately 55.75% of the children in attendance.

An average daily number of 69,959 children received milk in schools ; this represents 79.08% of the children in attendance.